

DD 1380 TCCC CASUALTY CARD

D BATTLE ROSTER

Battle Roster # consists of the initials of casualty's first and last name, followed by last four numbers of casualty's Social Security number (found on dog tag) (e.g., John Doe. John Doe 123-12-1234 = #JD1234).

E TREATMENTS

C (Circulation – Massive Hemorrhage):

Mark an "X" for all Circulation hemorrhage control interventions.

A (Airway): Mark an "X" for all Airway interventions and write type of device(s) used.

B (Breathing): Mark an "X" for all Breathing interventions and write type of device(s) used.

C (Fluid and Blood Products):

Circulation resuscitation interventions. Write name, volume, route, and time of any fluids given.

F MEDICATIONS

Document any medications given. Write **name**, **dose**, **route**, and **time** of any analgesics, antibiotics, or other medications given.

Mark an "X" for any eye-shield limb splinting, or hypothermia treatments.

Hypothermia type would be either **active** or **passive**.

G NOTES

Use this space to record any other pertinent information and/or clarifications.

If more space is needed for documentation, attach another DD Form 1380 to the original. Label the second DD Form 1380 #2. It will show the soldier's name and unit.

H RESPONDER DETAILS

Fill in responder's personal details including last four numbers of their Social Security number.

BATTLE ROSTER #: _____					D
EVAC: <input type="checkbox"/> Urgent <input type="checkbox"/> Priority <input type="checkbox"/> Routine					
Treatments: (X all that apply, and fill in the blank)				Type	E
C: TQ- <input type="checkbox"/> Extremity <input type="checkbox"/> Junctional <input type="checkbox"/> Truncal					
Dressing- <input type="checkbox"/> Hemostatic <input type="checkbox"/> Pressure <input type="checkbox"/> Other					
A: <input type="checkbox"/> Intact <input type="checkbox"/> NPA <input type="checkbox"/> CRIC <input type="checkbox"/> ET-Tube <input type="checkbox"/> SGA					
B: <input type="checkbox"/> O2 <input type="checkbox"/> Needle-D <input type="checkbox"/> Chest-Tube <input type="checkbox"/> Chest-Seal					
C:	Name	Volume	Route	Time	
Fluid					
Blood Product					
MEDS:					F
Analgesic (e.g., Ketamine, Fentanyl, Morphine)	Name	Dose	Route	Time	
Antibiotic (e.g., Moxifloxacin, Ertapenem)	Name	Dose	Route	Time	
Other (e.g., TXA)	Name	Dose	Route	Time	
OTHER: <input type="checkbox"/> Combat-Pill-Pack <input type="checkbox"/> Eye-Shield (<input type="checkbox"/> R <input type="checkbox"/> L) <input type="checkbox"/> Splint					
<input type="checkbox"/> Hypothermia-Prevention Type: _____					
NOTES:					G
FIRST RESPONDER					H
NAME (Last, First): _____			LAST 4: _____		
DD Form 1380, JUN 2014 (Back)					TCCC CARD